

## **FEEDING ASSISTANT TRAINING CERTIFICATE**

This is to certify that

\_\_\_\_\_  
(name of student)

has successfully completed a State Approved Training Program for Feeding Assistants  
(16 Hours)

at

\_\_\_\_\_  
(facility name/location)

on

\_\_\_\_\_  
(date completed)

\_\_\_\_\_  
(Signature of Instructor)